## Foster Family Home - Corrective Action Report

Provider ID: 1-190013

Home Name: Marilyn Martinez, CNA Review ID: 1-190013-4

91-1422 Maliko Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 12/4/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed CCFFH recertification. corrective action required to CTA within 30 days

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory

requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of

race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home has 4 bedroom, but physical count of bedroom is 5 bedroom (1 downstairs and 4 upstairs) The structure of the home does not meet this description. Possibly additions have been made without a building permit.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 – 1 medication prescription label did not match medication administration record (PRN verses routine medication) CMA RN to determine if a medication error has occurred and a adverse event is required if so

Compliance Manager

Primary Care Giver

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12/4/2020 11:47:43 AM

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: MARILYN R : MARTINEZ

(PLEASE PRINT)

CCFFH Address: 91-1422 MALIKO ST : EWA BEACH HI - 96706

(PLEASE PRINT)

I .	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
1(b)(i) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	verify The order year  to  during The Fele- med if PRN or daily the changed the order to PRN & be send to  lings pharmacy is a  Rx. #  worldreted my contrac- ter & he came to checa the remember plan y my house to process my yearned & he submi- Ted the application lad in-18-2020 with application pend as soon as	12-5-202	Talways very order to the physician & aleste the medicine your the phase morey if all are the hame label y order.

$\mathbf{X}$	All items that were fixed are attached to this CAP		
PCG	i's Signature: <u>All Mortines</u>	Date:	1-5-2021

CTA has reviewed all corrected items